



CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

Request to Discontinue Utility Services

Name: _____

Service Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Forwarding Address: _____

City, State, Zip Code: _____

Disconnect Date: _____

Name of Next Occupant _____

I hereby request that utility services at the above service address be discontinued as of the disconnect date listed. I understand and agree that the final bill will be paid in full within 30 days of the final billing.

Signature _____

Printed Signature _____

Date _____